

Alaska Fishery Resource Landing Tax Return

681

CDQ Credit Application

Due January 31 of year following year of contribution

Federal EIN or SSN			Year of Contribution		
Taxpayer name			Phone number		
Doing business as			Fax number		
Mailing address			Email address		
City	State	Zip + 4	Contact person		

Date of contribution	Name of nonprofit corporation receiving the contribution (recipient)	
Recipient address		Recipient phone number

Intended use of the contribution*	Amount
Scholarships	
Industry training	
Transportation grants	
Transportation loans	
Facilities grants	
Facilities loans	
Research grants	
Total contributions	

*** All contributions must be fisheries related. Refer to AS 43.77.040 for further definition of criteria that qualify contributions for a community development quota (CDQ) credit.**

You must attach the following documents and information before this application can be approved (**failure to file a timely and complete application as required by AS 43.77.040 constitutes a waiver of the credit**).

1. A receipt from the nonprofit corporation verifying the date and amount of the contribution. **Note: only cash contributions made as donations qualify for the credit.**
2. A statement from the nonprofit corporation specifying how the contribution will be used **and** an agreement by the nonprofit corporation to allow the Tax Division to audit all of its accounts relating to the contribution.
3. Documentation regarding the authority of the person to harvest under a CDQ for the current year.
4. The fishery resources, by unprocessed weight and species, harvested under the CDQ.
5. A statement from you that the contribution to the nonprofit entity was expressly conditioned upon its use exclusively for of the purposes indicated above as authorized by AS 43.77.040.
6. A copy of the current harvest/royalty agreement between you and the CDQ holder.

Have you or a related person received a loan or grant from any nonprofit corporation to whom you made a contribution? ☐ Yes ☐ No

Signature	Print name	Date
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Department use only: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approved by (signature)	Date
	Printed name	Title

Mail to: Alaska Department of Revenue
Tax Division PO Box 110420
Juneau AK 99811-0420

681**Retain a copy for your records**

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